



Peer Advocate Training Application 2012

A Collaborative Between Los Angeles County Department of Mental Health Workforce, Education and Training Division (WET), Project Return Peer Support Network (PRPSN) and Mental Health America of Los Angeles (MHALA)

Peer Advocate Training (PAT) February 27, 2011 to March 30, 2012 Instructions

❖ **Peer Advocate Training (PAT) 2012 Applicant Requirements:**

- Applicants **must have** personal lived experience with a mental illness **and** have experience as a consumer in the mental health system. Applicants must also identify themselves as a person who has used, or uses, mental health services in their own recovery process.
- Applicants **must plan** to attend all sessions, which includes classroom instruction and volunteer/internship field placement. Any need to miss a class or leave early must be done **verbally and in writing with 24-hour notice**.
- Applicants **must** secure their own transportation to internship sites in addition to the classroom in Commerce.
- Applicants **must** be able to communicate effectively using written and verbal skills.
- Applicants **must** complete the application independently and in their own words.

❖ **Instructions:**

- All requested information and every question on this application must be completed. (*Note: This DOES NOT include the "Voluntary Disclosure of Self-Identification" form on Page 8*). Incomplete applications are defined as **any blank information box or partially-answered essay question**. You may type directly into the application or you may handwrite on the form if your handwriting is legible. If you need additional sheets, please put your name on each sheet and send them **with** your application.
- Applicants must list **two** references. Instructions on how to complete the reference forms are located on Page 9 of this application. The reference form is two pages. Each completed reference **must be sent directly to Project Return Peer Support Network (PRPSN) by the application deadline of Friday, Jan. 20, 2012**. They can be mailed to PRPSN: 6055 E. Washington Blvd., Suite 900 Commerce CA 90040, Attn: Amanda Soto. They may also be faxed: 323-346-0966; or emailed to: asoto@prpsn.org.
- We **will not** contact you to get missing information. All incomplete applications will be removed from consideration, so before sending, double check that you have completely answered all questions.
- Each PAT candidate **must attend an interview** before acceptance into PAT 2012. Dates/times for the interviews will be scheduled with the PRPSN Training Team **after** the application deadline of Friday, Jan. 20, 2012.
- Please write your name on the bottom of each page of the application and send **all pages together as a complete packet** (minus your references) to Project Return Peer Support Network, Attn: Amanda Soto. You can mail completed applications to 6055 E. Washington Blvd., Suite 900, Commerce, CA 90040; e-mail them to asoto@prpsn.org; or fax to 323-346-0966.

❖ **Timeline:**

- Application deadline is 5 p.m. Friday, January 20, 2012 for PAT 2012 Applicants. Following a selection process:
- Notifications for selected applicant interviews (PAT Candidates) will occur from January 23 – January 27, 2012
- PAT Candidate Interviews will be scheduled between January 30, 2012 –February 8, 2012
- Final Notification of PAT Candidates and all other applicants' status will be sent the week of February 9, 2012
- Classes start on Monday, February 27, 2012 and end on Friday, March 30, 2012



Name: _____

**Project Return Peer Support Network
PAT 2012 Applicant's Contact Information**

*****Any phone number you provide PRPSN must be a consistently working phone number*****

Name:	
Address:	
Email Address:	
Home Phone:	Cell Phone:

Alternative Contact Information: This is someone who could be reached in case of emergency or as a way to contact you if the information you provided above changes:

Name:	
Address:	
Email Address:	
Home Phone:	Cell Phone:

How did you hear about the Peer Advocate Training?

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Have you applied to Project Return Peer Support Network Peer Advocate Training(s) in the past? (If yes, please state years and outcome):

Personal References (please read the reference form on Page 9 for instructions): List below 2 individuals who will be providing your personal references. **You are responsible** for communicating to these individuals that they must complete the referral form and send it directly to Project Return Peer Support Network via mail, email or fax **on or before Friday, January 20, 2012.**

Name	Relationship	Phone Number



Name: _____

PAT 2012: Applicant Written Essay

Please answer all of the questions below in your own words. Please type or handwrite your answers in the available space or on separate sheets (please ensure your application is legible for further consideration). ALL ADDITIONAL SHEETS MUST BE SUBMITTED WITH THE APPLICATION & INCLUDE APPLICANT'S NAME.

- 1) Please describe how your personal lived experience of a mental health issue has made you the person you are today.**

- 2) Please describe your understanding/definition of peer support, and what do you think are the necessary skills Peer Advocates possess? What do you expect to learn by the end of the Peer Advocate Training course?**



Name: _____

- 3) What, if any, professional experiences have you already had outside the mental health field? What is your long-term career goal, and how will participating in PAT 2012 help you realize that goal?

- 4) "Recovery" is a term used often in mental health care. Please define *your personal* meaning of recovery, making sure to answer: What does recovery look like? Sound like? Feel like?



Name: _____

- 5) Who is your personal inspiration? (This can include professionals, family, peers and/or friends). Describe, providing a specific example, of how this person has influenced your life.

- 6) What are your strengths that will assist you in fulfilling the obligations of this training series? What areas (time, distance, length of course, etc.) present challenges for you and how do you plan to overcome those challenges if chosen to participate in this course?



Name: _____

PAT 2012: Applicant Education & Career Accomplishments

*Please provide as much information as possible related to your past and current education/training/employment/volunteer experience. Lack of previous education/training or paid employment will not disqualify you from acceptance in this training. Please provide additional sheets if necessary **AND INCLUDE COPIES OF CERTIFICATES LISTED BELOW** attached to this form.*

*****Education/Training – List all education/training, beginning with the most recent.*****

Name of Training or Agency	Degree/Certificate	Field of Study	Date(s)

****Paid/Unpaid Employment/Volunteer Experience – List all prior positions, with the most recent first.****

Agency & Supervisor Name	Your Title	City and State	Dates	Volunteer or Paid



Name: _____

PAT 2012 Participant Agreement Form

Read each of the following statements thoroughly! **Initial each box next to the statement you agree with.**

_____ I understand that it is ***my responsibility*** to ensure that all references are submitted on time.

_____ I understand that the people completing reference forms are to submit them ***directly to PRPSN***, either via email, mail or fax at the address provided on the cover sheet and in the instructions on Page 9 of this application.

Agreements for Participation. Please read each statement thoroughly!

Initial each box next to the statement you agree with.

_____ I completed this application on my own.

_____ I answered all questions in my own words.

_____ I intend to enter the mental health field either as a volunteer or paid employee upon completion of this course.

_____ I fully intend to participate to my maximum ability during the 5-week Peer Advocate Training including the classroom, volunteer/internship obligations. Repeated absence/tardiness may result in my elimination from the course.

_____ ***I understand that Project Return Peer Support Network is not a job placement program, meaning that PRPSN is under no obligation to find me a job or ensure my employment.***

_____ I understand that the content of the Peer Advocate Training is to provide me with core skills necessary for Peer Advocate and/or entry level positions in the mental health field.

_____ I agree to complete ***all required homework, classroom assignments and volunteer/internship responsibilities.***

Print or type your name here: _____

Your signature: _____

Date: _____



Name: _____

VOLUNTARY DISCLOSURE OF SELF-IDENTIFICATION

While it is your choice to provide us with the following information, it is important that we are successful in our efforts to reach out to a diverse constituency. We strongly encourage and appreciate you providing us with the following demographic information to help our organization gauge the success of these efforts.

Name: _____ Date: _____

First Language: _____ Ethnicity/Race: _____

Gender: _____ Male _____ Female _____ Transgender

Other Languages Spoken
(Indicate Fluency Level): _____

Any Other Self-Identification: _____

Those selected to participate in this training will be notified by mail, email and/or phone call after January 20, 2012.

THANK YOU!



Name: _____

**Project Return Peer Support Network
Peer Advocate Training (PAT) Reference Form**

◀ **Confidential** ▶

We will accept references from the following people (supervisor, friend, co-worker, teacher, etc.) Please do not send references from your treatment team (case manager, Dr., therapist etc.) These **will not be accepted.**

TO BE COMPLETED BY APPLICANT

NAME OF APPLICANT:

WAIVER: As required for consideration of acceptance into the PRPSN Peer Advocate Certificate Training, I give permission for this form to be submitted directly to the Project Return Peer Support Network program without my review, and understand that I will not see the contents. Both the referrer and I understand that this form must be faxed, emailed or post-marked by the application deadline, and that late a submission may disqualify me from acceptance to the training. Project Return Peer Support Network – 6055 E. Washington Blvd., Suite 900 Commerce CA 90040. Email: asoto@prpsn.org; Fax: 323-346-0966. Direct all applications and references to Amanda Soto. References are due by the Application Deadline of January 20, 2012.

APPLICANT SIGNATURE:**Date:**

ALL INFORMATION BELOW THIS LINE IS TO BE COMPLETED BY REFERRING INDIVIDUAL

The Peer Advocate Training (PAT) is an intensive 5-day a week (40 hours per week) classroom and internship experience for 5 weeks. PAT 2012 includes volunteer/internship responsibilities, the ability to communicate effectively (written and verbal), and ability to think critically during all classroom lectures.

Name: _____ Relationship to Applicant: _____

1. How long have you known the applicant?
2. Why do you believe this person would be an effective peer advocate?
3. What do you see as this person's greatest strength?
4. What will be this person's greatest challenge?



Applicant's Name: _____

5. Please rate the applicant in the following areas and provide additional comments in #6.
(Check only one box for each item):

		Poor	Fair	Average	Good	Excellent	Not Observed
1.	Leadership Skills						
2.	Socializes Comfortably						
3.	Communicates Effectively						
4.	Self-Motivation						
5.	Reliability						
6.	Integrity						
7.	Recovery Foundation						

6. Additional Comments:

Signature: _____

Date: _____